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Number of Pages (including this page)

Date: 11/06/03

To: Commissioner for Patents

Location: United States Patent and Trademark Office

Fax No.: 703-305-9508

From: Roland K. Bowler II Registration No. 33,477

Subject: Serial No. 10/027,650 Docket No. CS11235

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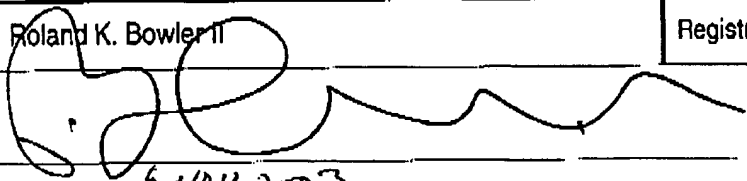
**PLEASE GIVE THESE PAPERS TO:**

EXAMINER:	Ewart, James D.
GROUP ART UNIT:	2684
SERIAL NO.:	10/027,650
FILED:	12/21/01
INVENTOR:	Leyh, Arthur Chris et al.

<b>TRANSMITTAL FORM</b>		Application Number	10/027,650
		Filing Date	12/21/01
		First Named Inventor	Leyh, Arhtur Chris et al.
		Group Art Unit	2684
		Examiner Name	Ewart, James D.
Total Number of Pages in this Submission	17	Attorney Docket Number	CS11235


ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE
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Firm or Individual	Roland K. Bowler II	Registration No.	33,477
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Date	6 NOV 2003		

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Typed or printed name	Jennifer Magness		
Signature		Date	11/06/03

FEE TRANSMITTAL		Complete if Known	
		Application Number	10/027.650
Patent fees are subject to annual revision		Filing Date	12/21/01
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Leyh, Arhtur Chris et al.
		Examiner Name	Ewart, James D.
		Group Art Unit	2684
		Attorney Docket No.	CS11235
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <u>502117</u> Deposit Account Name <u>Motorola, Inc.</u>		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Description	
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Small Fee Code Entity Fee (\$)			
Fee Paid			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
<b>2. EXTRA CLAIM FEES</b>			
Previously Paid*		Extra Claims	
Total Claims		Fee from below	
Independent Claims		Fee Paid	
Multiple Dependent			
Large Fee Code Entity Fee (\$)			
Small Fee Code Entity Fee (\$)			
Fee Description			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 140 Multiple dependent claim, if not paid			
1204 86 2204 43 * Reissue independent claims over original patent			
1205 18 2205 9 * Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.			
*For Reissues, see above			
<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type) <u>Roland K. Bowler II</u>		Registration No. <u>33,477</u>	
Signature <u>[Signature]</u>		Telephone <u>847-523-3878</u>	
		Date <u>6 NOV 2003</u>	